



SEMS DocID

594297

MASSACHUSETTS DEP OIL & HAZARDOUS MATERIAL INCIDENT REPORT

(circle or fill in all that apply)

Response Date: 9/12/92 Closed: Yes ☒ No ☐ SA #: 3-0168 ER #: N92-1170

Initial Office ☒ Follow-up Office ☐ Initial Field ☐ Follow-up Field ☐ 21E Notification ☐ Amended ☐

City/Town: MIDDLETON Spill Name: _____

Address: 40 SCHOOL ST Reported: ____/____/____ Time: ____:____ AM/PM

Half Town: _____ Zip Code: _____ Occurred: ____/____/____ Time: ____:____ AM/PM

NOTIFIER: _____ (Name) Check if Anonymous ☐ (Affiliation) _____ (Phone) _____

PRIMARY SPILL INFORMATION

Petroleum / Hazardous / Both / Neither / Unknown

Material: _____ Amount Reported: _____ Gallons Drums Cu Yds Lbs

Virgin / Waste Non-PCB / PCB _____ ppm / Unknown Amount Actual: _____ Vapors Sheen None Unknown

Environmental Impact: SOIL AIR GROUNDWATER SURFACE WATER ZONE 2 WATER SUPPLY STORM DRAIN SCHOOL

RESIDENCE OTHER: _____

Spill Source: U.S.T. A.S.T. TRANSFORMER VEHICLE FUEL TANK PIPE/HOSE/LINE

BOAT DRUMS VEHICLE TANKER TRUCK UNKNOWN OTHER: _____

Release Type: SPILL FIRE OVERFILL TANK REMOVAL TEST FAILURE VEHICLE ACCIDENT

RUPTURE LEAK DUMPING THREAT ONLY UNKNOWN OTHER: _____

Description: SPOKE w/ DAVE MCGOWAN OF CHI - THEY WILL RESPOND TO SECURE DRUMS + ASSESS STORAGE. WILL FOLLOW UP w/ RP ON MONDAY 9/14 RE: TOTAL REMOVAL OF STORED MATERIALS.

Referral Within DEP: SA HW WS SW AQC WPC VW IWM ENF/SF Staff: _____

State Contractor: Used: _____ / Not Used Federal L.U.S.T. Eligible: No Yes Category: _____

Further DEP Response: Yes No Pending Response Needed: _____

PRP INFORMATION

Company: _____ Name: _____

Address: _____ Town: _____ State: _____ Zip: _____

Business Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

NOR Issued: Verbal Field Office Date: ____/____/____ Responsibility Accepted: Yes No

PRP Contractor: _____ Contact: _____ Phone: (____) _____ - _____

Noncompliance Issues: _____

OTHER AGENCIES INVOLVED IN OR NOTIFIED OF INCIDENT

Agency: _____ Date: ____/____/____ Time: ____:____ AM/PM

First Contact By: DEP OTHER AGENCY Phone: (____) _____ - _____ Contact: _____

Agency: _____ Date: ____/____/____ Time: ____:____ AM/PM

First Contact By: DEP OTHER AGENCY Phone: (____) _____ - _____ Contact: _____

DEP Staff Notified: _____ ER Lead: _____

Report Prepared By: Kyle M. McNamee Signature: [Signature]